

Summer Food Service Program (SFSP) Application Checklist

Use this checklist to ensure that you have enclosed all required items with your application packet.

Application Item	New Sponsors	Residential Camps	Vended Sponsors	All other Sponsors
5 page Sponsor Application, including budget	X	X	X	X
Name and address of Food Service Management Company or School Food Authority on page 2 of Sponsor Application, Item 21			X	
Copy of Food Service Management Company or School Food Authority contract			X	
Site Information Sheet (one for each site)	X		X	X
On Site Information Sheet, a description of boundaries of area served by site. If boundaries overlap, include a brief statement indicating the necessity for each site. Applies to urban and multi-site sponsors only.	X		X	X
Map showing boundaries of area served by site. Applies to urban and multi-site sponsors only.	X		X	X
Site Information Sheet—Camps		X		
Audit Requirements form	X	X	X	X
Policy Statement for New Sponsors of the SFSP	X			
Documentation of Training to Program Personnel. It is an SFSP requirement that you train your program personnel prior to the first day of operations. Use this form as your sign-in sheet for training session(s). Submit this form as soon as training is complete (claims will not be processed without documentation of training).	X	X	X	X
Vendor Input Form. All new sponsors must complete this form, along with any previous sponsors that have changes of address, contact, or telephone number.	X			

- ◆ Please be sure all questions are complete and that all the forms have been **signed** and **dated**.
- ◆ The Site Change Worksheet is for reporting field trips; changes in meal times, meal types, or number of children or eligible disabled adults served; change of site location; change of dates of operation; or sites closing. Please keep the Site Change Worksheet for your use in reporting these changes to our office throughout the summer; please do not return it with your application packet.

Be sure to keep a copy of the application for your records.

Please submit your **original, completed, signed and dated** application packet to the following address by the deadline date listed in the application letter that applies to you:

Missouri Department of Health and Senior Services
 Community Food and Nutrition Assistance
 930 Wildwood (for shipping services such as UPS or FEDEX)
 P.O. Box 570 (for U.S. Mail)
 Jefferson City, MO 65102

Thank you for your interest in sponsoring the SFSP in your area! If you have any questions about the application forms or the approval process, please call us for technical assistance at our toll-free number, 888-435-1464.